

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05186

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: ALL SAINTS HOME ASSOCIATION, INC.

## Current Principal Place of Business:

16351 SLATER RD  
NORTH FT. MYERS, FL 33917

## New Principal Place of Business:

## Current Mailing Address:

16351 SLATER RD  
NORTH FT. MYERS, FL 33917

## New Mailing Address:

16351 SLATER RD.  
N. FT. MYERS, FL 33917

FEI Number: 59-2519791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADISON, JOSEPH  
3730 GLOXINIA DR  
FORT MYERS, FL 339172058 US

## Name and Address of New Registered Agent:

MADISON, JOSEPH PRES.  
3730 GLOXINIA DR  
FORT MYERS, FL 33917 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH MADISON

02/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MADISON, JOSEPH  
Address: 3730 GLOXINIA DR  
City-St-Zip: NORTH FORT MYERS, FL 339172058

Title: D ( ) Delete  
Name: ANTHONY, ALFANO  
Address: 5991 MILNE CIR  
City-St-Zip: CAPE CORAL, FL 33903

Title: D ( ) Delete  
Name: TREVOR, DESUZE  
Address: 205 SOJURN DR.  
City-St-Zip: N. FT. MYERS, FL 33903

Title: D ( ) Delete  
Name: MULAE, WAYNE  
Address: 46 CRESCENT LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: DEBONA, JOSEPH  
Address: 2981 RENEE CT  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MADISON, JOSEPH  
Address: 3730 GLOXINIA DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DELUCA, FRANK  
Address: 2610 SW 36TH ST.  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MADISON

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date